

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Robert Derek Lutch Jr.

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

SEE DEFENDANT INFORMATION

COMPLAINT

(Prisoner)

Do you want a jury trial?

☐ Yes ☐ No

① The City of NY, ② P.O. Griffin, ③ P.O. Islam
and ④ P.O. Tudor

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

2023 JUN 20 PM 3:01

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Robert

First Name

D

Middle Initial

Lurch

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention

26 COURT STREET, SUITE 2511

Institutional Address

BROOKLYN

County, City

NY

State

11212

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

GEFFEN
 First Name Last Name Shield #
P.O.
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 2:

TUDOT
 First Name Last Name Shield #
P.O.
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 3:

Islam 13050
 First Name Last Name Shield #
P.O.
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 4:

THE CITY OF NEW YORK
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Times square 46th street and 7th avenue

Date(s) of occurrence: June 16 to the June 19 2023

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

In suing for unlawful ^{search and} seizure against my Fourth amendment protections and Excessive Force. During the dates listed above NYPD officers approached me and without placing me under arrest seized my personal belongings.

Once I contested this they informed me that I'm being giving a summons for selling weed. when I informed them I wasn't they disregarded me.

after they finish writing the summons they started searching my belongings. officers found weed then told me they confiscating it.

I challenge this and was arrested. Later that day I was ~~arrested~~ released.

at the time I was given a summons I was not engaged in criminal activity and officers did ~~not~~ not have probable cause to issue a summons or arrest me.

Officer Griffin also roughed me up while handcuffed in the van and precinct while handcuffed. He also tried to sexually assault me.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

① MY ribs were REINJURED as a result of this incident,
② LOSS OF INVESTMENT, ③ LOSS OF FREEDOM and a host of
other injuries as well.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

IM Suing each municipality Listed For \$10 million dollars
in compensatory damages. IM also suing each individual
listed For \$5 million dollars in compensatory damages and
5 million in punitive.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS


By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>6/20/2023</u>		<u></u>
Dated		Plaintiff's Signature
<u>Robert</u>	<u>D</u>	<u>Lorch</u>
First Name	Middle Initial	Last Name
<u>26 Court St. Suite 2511</u>		
Prison Address		
<u>BROOKLYN</u>	<u>NY</u>	<u>11212</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____